

Public Health Act 1997

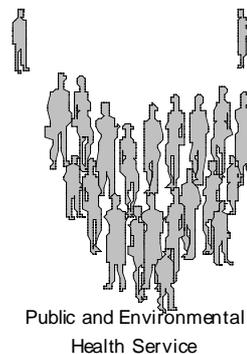
GUIDELINES

for

EAR AND BODY PIERCING

Department of Health and Community Services

Issued by: Dr Mark Jacobs
Director of Public Health
GPO Box 125B, Hobart Tasmania 7001
Ph: 03 62333762
Fax: 03 62231163
Email: mark.jacobs@dchs.tas.gov.au



Acknowledgments:

The Public and Environmental Health Service, Department of Community and Health Services, Tasmania acknowledges documentation provided by:

- Standards Australia
- Department of Human Services, Victoria
- Environmental Health Service of the Health Department of Western Australia
- National Health and Medical Research Council
- Australian National Council on Aids and Related Diseases
- Commonwealth Department of Health and Family Services

from which information and sections of these guidelines have been adapted.

The Department of Community and Health Services wishes to thank industry for their contribution to the development of these guidelines.

Note:

These guidelines are for businesses that provide ear and body piercing.

Separate guidelines are available for businesses providing:

- tattooing; and
- acupuncture.

Publishing and availability:

These guidelines are published by, and are available from:

Printing Authority of Tasmania
 2 Salamanca Place
 Hobart Tas 7000
 Ph: 6233 3168
 Fax: 6224 1617

GUIDELINES FOR EAR AND BODY PIERCING

CONTENTS

1.	Introduction	5
2.	Scope	5
	2.1. Application of guidelines	5
	2.2. Important note	6
3.	Medical warnings	6
4.	Definitions	6
5.	How infection can occur	8
	5.1. General	8
	5.2. Cross-contamination	10
	5.3. How to minimise infection	10
	5.4. Choice of instruments and jewellery	11
	5.5. Dispensing	11
6.	Health and safety in the workplace	12
	6.1. General	12
	6.2. Handling and disposal of sharps	12
	6.3. Hepatitis B Vaccination	13
	6.4. Contact with blood or body substance	14
	6.5. Bleeding	14
7.	Requirements for ear and body piercing	15
	7.1. Preparation of work area and setting up of equipment	15
	7.2. Skin preparation	16
	7.3. Safe handling of studs and guns	17
	7.4. Client care, cleaning of equipment and work area after ear and body piercing	18
	7.4.1. Cleaning work surfaces	20
	7.5. Cleaning ear and body piercing instruments prior to sterilisation	21
	7.6. Sterilising ear and body piercing instruments	22

7.7.	Cleaning of other instruments and articles	23
7.8.	Disinfectants - should they be used?	24
7.9.	Bleach	
	25	

8.	Registration and Licensing	25
8.1.	Registration of Premises	25
8.2.	Licensing	26
9.	Premises	27
9.1.	General recommendations	27
9.2.	Protective coverings	28
9.3.	Disposal of sharps, infectious waste and non-infectious waste	28
9.4.	Sharps	28
9.5.	Disposal of infectious waste	29
9.6.	Non-infectious waste	29
9.7.	Animals	30
10.	Staff hygiene	30
10.1.	Hand washing	30
10.2.	Smoking or consuming food or drink	31
11.	Protective wear for staff	31
11.1.	Gloves	31
11.2.	Clothing	32
11.3.	Face and eye protection	32
11.4.	Footwear	32
12.	Record keeping	32
13.	Mobile ear and body piercing	33
Appendix A - Diagrams		34
	Diagram 1	34
	Diagram 2	35
Appendix B - How to sterilise instruments		36
Appendix C - Extract from the Guidelines for Needlestick and Blood Accidents		40
Appendix D - Contact details		43

GUIDELINES FOR EAR AND BODY PIERCING

1. INTRODUCTION

Successful personal service businesses supply their clients with professionally competent, safe and hygienic services, provided in clean and congenial premises.

It is important that operators of ear and body piercing businesses become aware of the possible wider effects of the procedures they employ.

Unsafe or unhygienic procedures can not only affect the health of the client, but also jeopardise the health of the operator and aid the spread of infectious diseases.

For example, where procedures involving penetration of the skin are not performed correctly, they can be the means of transmitting organisms that cause diseases, like HIV (the virus which causes AIDS), hepatitis B, hepatitis C and skin infections caused by common bacteria such as staphylococcus.

It is essential for operators to be fully aware of the potential dangers of their procedures and to understand the precautions that need to be taken to minimise the likelihood of infection.

The purpose of these guidelines is to help operators to comply with the minimum requirements set out in the Act and these guidelines, by explaining how infection can be associated with procedures they employ and the precautions they should take to protect their clients, themselves and the community.

2. SCOPE

2.1. Application of guidelines

These guidelines apply to -

- all persons who perform ear and body piercing procedures unless exempted under the *Public Health Act 1997*; and
- the premises in which ear and body piercing is performed; and
- all equipment, instruments and materials used for the purpose of ear and body piercing.

2.2. Important Note

In applying these guidelines, operators should note that the boxes headed "**outcomes required**" and "**requirements**", both of which are highlighted in shaded boxes, are enforceable as law under the provisions of the *Public Health Act 1997*.

Generally, text that is not highlighted is intended as guidance or recommendations to assist operators to achieve the outcomes required. However, in interpreting these guidelines "**must**" indicates that a statement is mandatory and "**should**" indicates a recommendation.

Whilst strict adherence to recommendations is not essential, achieving the outcome is essential. Achieving the required outcome by following an alternative procedure approved by the Director will be accepted as compliance with the requirements of these guidelines.

3. MEDICAL WARNINGS

- The potential for damage to underlying body structures exists during skin penetration procedures. Damage can occur if an instrument accidentally comes in contact with an underlying body structure, or if the underlying body structure becomes infected as a result of a skin penetration procedure.
- Clients with bleeding disorders, such as haemophilia, have the potential to suffer sustained loss of blood or serious bruising as a result of a body piercing procedure. It is therefore important to ask all clients if they have a bleeding disorder before proceeding with a body piercing procedure.
- Movable lumps in the ear lobes or elsewhere may indicate the presence of cysts. If these cysts are pierced, infection of the surrounding tissue will result.

4. DEFINITIONS

The following definitions apply throughout these guidelines:

"**Act**" means *Public Health Act 1997*;

"**article**" includes any equipment, instrument or other item used in ear and body piercing;

"autoclave" means a machine used for sterilising instruments employing steam at high pressure;

"body substance" means any part of a human body and includes blood, serum, saliva, secretions, or tissue extracted from a human body;

"cleaning" means the process of removing body substances and other debris and reducing the number of micro-organisms from the surface of an object by a process such as washing in detergent;

"council" means a council within the meaning of the *Local Government Act 1993*;

"cross-contamination" means the spread of micro-organisms from one surface to another or from something that is contaminated to something that is not;

"Director" means the Director of Public Health appointed under the Act;

"disinfection" means the process of eliminating all micro-organisms except bacterial spores;

"infection control" means the process of minimising the risks of spreading infection while providing ear and body piercing procedures to clients;

"infectious waste" includes all waste arising from ear and body piercing or related activities which is known to be or could be contaminated with disease-causing bacteria, bacterial spores or viruses and which presents a recognised infectious hazard to waste disposal workers and to the environment if appropriate precautions are not taken;

"instrument" means any appliance, apparatus or tool and includes an ear piercing gun, disposable stud adapter, clasp retainer, needle and trochar used to introduce an item of jewellery into a pierced site;

"jewellery" includes studs, butterfly clips and any other metal adornment inserted into or adjacent to a puncture wound during an ear or body piercing procedure;

"mucous membrane" means thin elastic tissue which lines cavities connected with the skin such as the eyes or mouth, nasal cavities and the respiratory tract;

"needle" means a pre-sterilised, single-use, hollow bore, sharp, metal instrument designed to inject medication or to perform venipuncture;

"operator" means a person who performs an ear or body piercing procedure;

"person" includes any body of persons, corporate or unincorporate;

"sharps" means any item designed to pierce, cut, puncture, tear or shave the skin or mucous membrane;

"sterilisation" means the process intended to destroy or eliminate all forms of microbial life, including bacterial spores;

"steriliser" includes -

- a) an autoclave; and
- b) a dry heat steriliser;

"trochar" means a pre-sterilised, single-use sharp metal instrument designed to guide a plastic catheter into a vein or other body part;

"underlying body structure" means an organ, major nerve, artery, vein or other structure lying beneath the skin.

- 4.1. A word or phrase used in these guidelines and defined in the Act has the same meaning in these guidelines as in the Act.

5. HOW INFECTION CAN OCCUR

5.1. General

OUTCOME REQUIRED:

That the activity of ear and body piercing, and the premises in which ear and body piercing is performed, are operated in such a way as not to pose a threat to public health.

The potential for serious infection occurs during ear and body piercing. The instruments that are used to penetrate the skin at various sites on the body can become contaminated by blood or other body substances.

HIV, hepatitis B and hepatitis C viruses and common bacteria can be present in blood and other body substances and are spread by infected blood or other body substances entering another person's bloodstream. This can happen during ear and body piercing when instruments used for penetrating the skin are contaminated with infected blood or body substances and are not sterilised before use on another person.

The person at risk may be, not only the next client being treated with the contaminated instrument, but also, the operator, if the operator accidentally penetrates his or her skin with the contaminated instrument. This is called a "needlestick" injury.

Contact with infected blood, body substances or contaminated instruments on open cuts, sores, broken skin or mucous membranes can also lead to infection.

Blood or body substances do not have to be visible on an instrument for infection to be transmitted.

Procedures where instruments merely come in contact with blood, serum, other body substances or skin infections may also present a risk of passing on infection, such as:

- staphylococcal bacterial infection (a major cause of wound infections)
- fungal infections like tinea (ringworm)
- herpes simplex I (cold sores) and herpes simplex II (genital herpes)
- human papilloma virus (warts)
- scabies or other parasitic mites

REQUIREMENTS:

- **All instruments that have the potential to penetrate the skin of a person must be sterile immediately before use on each client.**
- **Jewellery must be sterile immediately before insertion in a pierced site.**

5.2. Cross-contamination

OUTCOME REQUIRED:

That there are adequate systems in place to prevent the risk of cross-contamination in premises used for ear and body piercing.

Some of the ways in which cross-contamination can occur in ear and body piercing procedures are as follows:

- if one or more operators share the same equipment or materials
- if used and clean instruments come into contact with one another
- if clean instruments are placed on unclean surfaces
- if strict hygiene is not observed
- if contaminated dressings, disposable gloves and other materials are not disposed of immediately and appropriately after use
- if structural facilities, furnishings and fittings of the premises are not adequately protected, or thoroughly cleansed between clients
- if towels and other articles used on clients are not changed or thoroughly cleansed/disinfected between clients.
- if there is excessive movement of personnel in and out of the room or if there is air movement due to draughts from open windows or doors.

Operators should be aware of the potential for unprotected surfaces and equipment to become contaminated with blood and body substances during ear and body piercing.

Unprotected surfaces and equipment may become contaminated during ear and body piercing when operators:

- adjust overhead light fittings
- adjust settings on equipment or power packs
- answer telephones
- touch curtains, drapes or bin lids
- adjust furniture and equipment.

Clients, operators and the community can be at risk if cross-contamination occurs.

5.3. How to minimise infection

Infection control is the process of minimising the risks of spreading infections while performing ear and body piercing.

The blood and body substances of all clients should always be treated as being potentially infectious, as it is impossible to determine if clients have HIV or other blood-borne viruses. Clients are not required to disclose this information.

5.4. Choice of instruments and jewellery

Only the following instruments and jewellery should be used for ear and body piercing:

- ear piercing guns, utilising pre-sterilised, disposable cartridges which hold studs, butterfly clips, clasp retainers and stud adapters
- pre-sterilised jewellery
- pre-sterilised, disposable trochars and needles.

Deterioration of plated metal surfaces of equipment occurs as a result of repeated use, and as a result of repeated sterilising and autoclaving. Therefore, if reusable ear and body piercing instruments are chosen, it is recommended that good quality stainless steel needles and instruments be used and maintained for use in ear and body piercing procedures.

REQUIREMENTS:

- **Operators must use disposable gloves while performing ear and body piercing.**
- **Disposable needles and instruments must be disposed of into sharps containers immediately after use.**
- **Items marked by their manufacturer as single use must not be re-used.**
- **Re-useable instruments that are used for ear and body piercing must be cleaned and sterilised before being re-used on another client.**
- **Ear piercing guns must be disinfected immediately after being used on a client.**
- **Other instruments that have accidentally penetrated the skin, or are contaminated with blood or body substance, must be properly cleaned and sterilised before further use, or discarded into a sharps container.**

5.5. Dispensing

Liquid soap dispensers and spray bottles should be cleaned and dried before refilling and should not be topped up due to risk of cross-contamination.

6. HEALTH AND SAFETY IN THE WORKPLACE

OUTCOME REQUIRED:

That each person engaged in the activity of ear and body piercing is adequately trained in hygiene practices and infection control and is provided with adequate facilities and equipment, including protective clothing and suitable disposable gloves.

6.1. General

In addition to their responsibilities under the *Public Health Act 1997*, employers and self-employed persons have duties and obligations relating to the health and safety of all persons under the *Workplace Health and Safety Act 1995*. Copies of the *Workplace Health and Safety Act 1995* can be obtained from the Printing Authority of Tasmania, 2 Salamanca Place, Hobart. Ph: 6233 3168 Fax: 6224 1617.

In the practice of ear and body piercing, safety involves, amongst other things, the provision of:

- adequate staff training including hygiene practices and infection control
- properly maintained facilities and equipment, including the provision of protective equipment such as disposable gloves
- clean and suitably designed premises, to include the safe storage of goods such as chemicals to minimise potential hazards.

6.2. Handling and disposal of sharps

OUTCOME REQUIRED:

That sharps are handled in such a way as to prevent accidental needlestick injury.

Sharps represent the major cause of accidents involving potential exposure to blood-borne diseases. Operators using sharps are responsible for their management and disposal.

REQUIREMENTS:

- **All sharps must be placed in an appropriate container when not in use.**
- **Contaminated sharps must not be passed from the hand of one operator to another.**
- **If needles are required to be bent this must be done prior to contamination with blood or any body substance and the needle must not be rendered unsterile during the bending process.**
- **All used sharps must be placed in a clearly labelled, puncture resistant container that complies with Australian Standard AS 4031 immediately after the ear and body piercing procedure is completed.**
- **Re-usable sharps (i.e. ear and body piercing needles, not being discarded) must be placed in a suitable, clearly labelled, puncture-proof container set aside from sterile or unused instruments.**
- **Needles must not be recapped after being contaminated with blood or any body substance.**

6.3. Hepatitis B Vaccination

A safe and effective vaccine for the prevention of hepatitis B is available. Vaccination is recommended for all operators and staff involved in skin penetration procedures and for staff who may be involved in cleaning skin penetration instruments and equipment.

A primary vaccination course usually consists of three injections over six months. At the end of this time, a blood test can be done to check that the vaccination has been effective. It is recommended that booster doses be given in five to seven year intervals after the primary course, or as directed by a medical practitioner.

For those who are unsure of their hepatitis B immunity, a special vaccination called an immunoglobulin, if given within 72 hours after a needlestick injury, should prevent infection if the source of the needlestick injury is a hepatitis B carrier.

Vaccination and blood tests can be arranged through a local doctor.

6.4. **Contact with blood or body substance**

Because of the risk of blood borne infection, operators and clients should avoid contact with the blood and body substances of others. If contact occurs onto intact skin, wash the area of contact thoroughly with soap and warm water.

If contact has occurred onto an open wound, broken skin, mucous membrane (mouth, eyes) or from a needlestick injury:

- irrigate the area with water in the case of contact with a mucous membrane
- encourage bleeding from the wound, and in the case of open wounds and broken skin wash the area thoroughly with soap and water
- report the contact to a doctor who will give advice
- in the case of a penetrating needlestick injury refer to Appendix C.

6.5. **Bleeding**

Should bleeding occur at any time during the course of ear and body piercing, or accidentally, the following action is recommended:

- put on disposable gloves and protective clothing if they are not already being worn
- stop the bleeding by applying pressure to the wound with a dry sterile disposable dressing and seek medical advice if bleeding is difficult to control by applying pressure
- handle disposable dressings and contaminated instruments carefully to avoid contact with blood or body substances from the client or the instrument
- pick up broken glass or any other sharp object involved in the incident with forceps and dispose of in a sharps container
- dispose of contaminated instruments into a sharps container or, if they are reusable, place them in the appropriately labelled container in preparation for cleaning and sterilisation
- clean surfaces, such as benches, chairs or floors, that have become contaminated with blood or other body fluids, as soon as possible using detergent and water and a disposable cloth or paper towel. Then wipe surfaces with another disposable cloth soaked in diluted bleach at 1:4 dilution (see section 7.9)
- if a spill occurs on carpet, the area should be shampooed or steam cleaned
- dispose of all cloths or paper towels used for wiping up blood spills by placing them in the bin marked "infectious waste"

- after treating wounds, handling contaminated dressings or cleaning up blood or other body fluids, remove both gloves, dispose of them in the "infectious waste" bin and wash hands thoroughly.

7. REQUIREMENTS FOR EAR AND BODY PIERCING

7.1. Preparation of work area and setting up of equipment

OUTCOME REQUIRED:

That there are adequate systems in place to prevent the risk of cross-contamination in premises used for ear and body piercing and that operators are adequately trained in hygiene practices and infection control.

It is important to prepare the work area before commencing an ear and body piercing procedure. Leaving the client during an ear and body piercing procedure to get something increases the risk of cross-contamination.

It is recommended that operators:

- ensure that the work area is clean and tidy
- make sure all the items needed are in easy reach and that any items not required are removed from the immediate area.

REQUIREMENTS:

- **Cover any work surfaces with disposable coverings or clean linen (this makes cleaning the work surfaces easier). Change these coverings between clients.**
- **Place a puncture-proof container labelled "dirty instruments for sterilising" in the work area for the collection of these instruments.**

Packages containing sterile instruments should be opened in front of the client to show that sterile procedures are being used.

To prevent surfaces from being contaminated if an item has to be handled or adjusted while ear or body piercing is in progress, it is recommended that operators:

- cover any surfaces which may need to be touched, for example, light fittings and power pack controls, with cling film
- store tissues or wipes to be used during ear and body piercing procedures where they cannot become contaminated. Enough wipes to be used on one client should be kept in the work area and any not used should be immediately discarded after each client.

REQUIREMENTS:

- **Take care when inspecting instruments for defects such as damaged or blunt points. Instruments must be cleaned and sterilised prior to inspection and then re-sterilised before they are used on a client.**
- **Instruments must never be tested for sharpness on the operator's skin.**
- **Wash hands thoroughly according to section 10.1 and wear disposable gloves.**
- **Replace any sterile instruments accidentally touched by you or contaminated in any other way, either before or during a treatment, with another sterile instrument or needle.**

7.2. Skin preparation

OUTCOME REQUIRED:

That the risk of cross infecting the client with bacteria, fungus, spores or viruses from the client's skin surface is minimised.

Skin can be disinfected by use of any of the following preparations:

- 70% w/w ethyl alcohol
- 80% v/v ethyl alcohol
- 60% v/v isopropyl alcohol
- alcoholic (isopropyl and ethyl) formulations of 0.5 to 4% w/v chlorhexidine
- aqueous or alcoholic povidone-iodine (1% w/v available iodine).

Skin disinfectants may be decanted from their original container into a single-use container. On completion of each ear and body piercing procedure for a client, any remaining fluid, single-use container and disposable cloth must be discarded.

Alternatively, sterile, disposable, alcohol swabs (70% w/w isopropyl alcohol) may be used to disinfect the skin.

REQUIREMENTS:

- **The client's skin must be clean and free from apparent infection, sores or wounds on or around the site to be pierced.**
- **If the area to be treated needs to be shaved, a new disposable safety razor must be used. After use, the razor must be immediately disposed of into a sharps container. If water is needed to rinse the razor during this process, the operator should use running water. If a bowl of water is used, then the bowl must be sterilised between clients.**
- **Prior to ear and body piercing, the skin around the site must be disinfected. For the area around the eyes the site should be cleansed with warm water.**
- **Use-by dates on disinfectants must be observed.**

7.3. Safe handling of studs and guns

OUTCOME REQUIRED:

That instruments used for ear and body piercing will be operated in such a way as not to pose a threat to public health.

For ear piercing, operators should use ear piercing devices that minimise the risk of cross-contamination.

Guns that are designed to use disposable cartridges are recommended. This type of gun uses cartridges containing pre-sterilised studs, clasps, clasp retainers and stud adapters. The cartridge is disposed of immediately after use.

For piercing other sites on the body it is recommended that single use needles or trochars and cannulae be used and disposed of in a sharps container immediately after use.

REQUIREMENTS:

- **Ear piercing guns must only be used on the external ear.**
- **Ear piercing studs, clasps, clasp retainers and stud adapters must be sterile before use.**
- **Pre-sterilised jewellery accidentally touched before insertion must be re-sterilised before use or discarded.**
- **Disposable cartridges used in some guns, for holding studs, must be disposed of after use.**
- **Stud packets that are not sealed and intact must not be used.**
- **Piercing guns must be cleaned and disinfected, between clients, in accordance with section 7.7.**
- **Hollow bore instruments (needles) used for ear and body piercing must be pre-sterilised and discarded immediately after use.**
- **Re-usable instruments must be cleaned and sterilised before use on another client.**

7.4. Client care, cleaning of equipment and work area after ear and body piercing

OUTCOME REQUIRED:

That the premises and any equipment used during ear and body piercing are kept in a clean and hygienic state and that the client is aware of appropriate care of treatment site.

After the completion of each ear or body piercing procedure on a client, it is recommended that:

- the client be advised to seek medical advice if the treatment site becomes excessively itchy, irritated, red, sore or a discharge is noted.
- anti-bacterial lotions or creams be applied to the treated area, if necessary
- if the pierced site is the ear, the client is to be advised that the wound, front and back, be thoroughly cleaned at least twice daily without removing the earring or stud. This may be done using antiseptic lotion.
- the client be advised that after cleansing, the earring or stud should be rotated several times

- the client be advised to avoid exposing the pierced site to soap, shampoo or other hair preparations and that after shampooing, the pierced site should be thoroughly rinsed and the above cleaning procedure repeated
- the client be advised that the earrings or studs should not be removed for six weeks after piercing
- the client is advised that if piercing has taken place in the cartilage area of the ear, healing will take longer than if the lobe area is pierced.

REQUIREMENTS:

(See Appendix A, diagram 1 of these guidelines for cleaning and sterilising sequence)

- **Remove disposable gloves and dispose of them into the "infectious waste bin". Wash hands thoroughly as described in section 10.1.**
- **Whilst wearing heavy duty gloves, remove dirty instruments to the cleaning area of the premises and, as soon as possible, clean and sterilise them according to the procedures described in sections 7.5, 7.6 and Appendix B.**
- **Place other dirty articles which do not require sterilisation or disposal in the cleaning area and clean them as soon as possible.**
- **Do not store instruments or needles in disinfectant before or after cleaning.**
- **Dispose of all used single-use items, (other than sharps), such as used tissues and wipes, into the "infectious waste" bin.**
- **Any linen used during a treatment should be placed in a dirty linen container and washed using the procedure outlined in section 7.7. Use disposable cloths and protective coverings on surfaces when a skin penetration procedure is performed on a client.**
- **Clean piercing gun in accordance with section 7.7.**
- **Clean containers used for collecting dirty instruments.**

7.4.1. Cleaning work surfaces

OUTCOME REQUIRED:

That all work surfaces are kept in a clean and hygienic state.

During an ear or body piercing procedure, the surfaces of chairs, couches, and the like, as well as benches, tables and other working surfaces should be protected so that direct contact with the client is minimised.

After use by each client, surfaces that have been in contact with the client's skin should be washed with warm water and detergent, dried with a clean disposable wipe and then either:

- covered with a clean towel; or
- covered with disposable paper.

Alternatively, remove any protective coverings on surfaces and equipment, taking care not to contaminate the surfaces which have been protected.

In addition to this, wash these surfaces, including wash basins, sinks and floors, with warm water and detergent at the end of each working day and when they become visibly soiled.

REQUIREMENTS:

Any surfaces or coverings, which have become contaminated with blood or any other body substance, must be cleaned as soon as possible in accordance with section 6.5 or disposed of in an "infectious waste" container.

7.5. Cleaning ear and body piercing instruments (and any instrument contaminated with blood or body substance) prior to sterilisation

Refer to Appendix A, diagram 1 attached to these guidelines.

OUTCOME REQUIRED:

That instruments are cleaned to a standard that ensures effective sterilisation.

As soon as possible after use, reusable instruments must be cleaned. This is an essential first step prior to sterilisation. Cleaning should take place in the cleaning area set aside for this purpose.

Ear and body piercing needles and instruments need to be cleaned and sterilised before use, if they are not purchased pre-sterilised.

- Wear thick, heavy duty rubber gloves when washing contaminated instruments. This makes handling them safer. Care must be taken at all times to prevent any penetration of the skin or splashing of mucous membranes (such as eyes) during the cleaning process. It is therefore recommended that protective eyewear (goggles) be worn.
- Carefully rinse the item in warm running water. Hot water at this stage could thicken protein material and make it stick to the instrument. Cold water will harden fats making cleaning more difficult.
- Fully dismantle any instruments capable of being dismantled.
- Immerse instruments in hot water and detergent in a sink. While holding the instruments under the surface of the water, scrub the instruments with a heat disinfected (see below) clean brush. This step may be carried out using an ultrasonic cleaner. Ultrasonic cleaners work by subjecting instruments to high frequency, high energy sound waves, causing material to be dislodged from instruments and dropped to the bottom of the tank, or to be sufficiently loosened to be removed during the rinsing process.
- Rinse cleaned instruments in hot running water.
- Carefully dry instruments with a lint-free, single-use, disposable towel.
- Check condition of the equipment.

Note: Cleaning materials used in the process of cleaning equipment, such as nylon brushes and pads, should be disinfected by boiling them for at least five minutes after each cleaning session. When not in use, they should be stored dry.

Ultrasonic cleaners must be operated with the lid on to prevent any micro-organisms, present in the cleaning solution, from becoming airborne and contaminating surfaces in the premises. They must be operated and maintained according to the manufacturer's directions and must comply with Australian Standard AS 2773.

It must be stressed that ultrasonic cleaners do not sterilise or disinfect instruments. However, they do provide a very safe and effective means of cleaning instruments prior to sterilisation.

REQUIREMENTS:

- **As soon as possible after use, reusable instruments must be cleaned in preparation for sterilisation.**
- **New, re-usable needles and instruments must be cleaned and sterilised before use, if they are not purchased pre-sterilised.**

7.6. Sterilising ear and body piercing instruments (and any instrument contaminated with blood or body substance)

OUTCOME REQUIRED:

That all ear and body piercing instruments which are used to penetrate client's skin are sterile before use.

It is preferred that pre-sterilised single-use instruments be used for ear and body piercing procedures. However any re-usable instruments must be cleaned and sterilised before they are used on another client, and forceps used to handle sterile instruments must also be sterile.

Effective sterilisation depends on the following factors:

- **Cleanliness.** The articles to be sterilised must be thoroughly pre-cleaned to allow good contact for all surfaces to be sterilised.
- **Temperature.** The correct temperature must be maintained throughout the time the articles are being sterilised.
- **Time.** The sterilising temperature must be maintained for the correct period of time.

The only appropriate method of sterilisation is in a machine which conforms to the relevant Australian Standard for that machine. For example, bench top autoclaves must conform with Australian Standard AS 2182, and dry heat sterilisers must conform with Australian Standard AS 2487. Several types of sterilisers are available. The procedure to sterilise instruments is outlined in Appendix B.

Sterilisation **cannot** be achieved using microwave ovens, pressure cookers, ultraviolet cabinets, boiling water units, ultrasonic cleaners and similar appliances.

Wiping instruments with disinfectant prior to use **does not** sterilise them.

REQUIREMENTS:

- **Instruments must be cleaned and sterilised before they are used on another client, and forceps used to handle sterile instruments must also be sterile.**
- **Sterilisers which conform with the relevant Australian Standards must be used for sterilisation, and must be operated and maintained in accordance with the manufacturer's specifications.**
- **Instruments must not be stored in disinfectants before or after cleaning or sterilising.**

7.7. Cleaning of other instruments and articles

Refer to Appendix A, diagram 2 attached to these guidelines.

OUTCOME REQUIRED:

That all instruments and articles that are not intended to penetrate skin but are used on clients will be cleaned and disinfected before use.

Follow this procedure with instruments and articles that can be immersed in water:

- wear heavy duty gloves
- dismantle instruments and rinse in warm water
- thoroughly wash with hot water and soap or detergent using a good scrubbing action under water
- rinse in hot water (not less than 70°C) and allow to dry
- store instruments in a clean, puncture-proof and covered container
- disinfect brushes (see section 7.5).

Follow this procedure with instruments and articles that would be damaged if immersed in water:

- wear heavy duty gloves
- thoroughly wipe with a clean cloth and then wipe with a clean cotton pad saturated with 70% w/w ethyl alcohol
- allow to dry naturally
- store clean instruments in a clean, clearly labelled, puncture-proof and covered container.

Follow this procedure with garments and other washable fabrics:

- wash with soap or detergent in hot water, rinse and dry
- alternatively, have them commercially laundered
- store items in a clean, appropriate area such as a cupboard or drawer.

REQUIREMENTS:

- **All instruments and articles that are not intended to penetrate the skin, but that are used on clients, must be thoroughly cleaned before and after each use.**
- **Containers, including their lids, used for the storage of items and for the collection of dirty instruments, must also be thoroughly cleaned before and after each use.**

7.8. Disinfectants - should they be used?

With the exception of the use of 70% alcohol to disinfect instruments that would be damaged if immersed in water, all non skin penetration instruments used in ear and body piercing procedures can be brought to a satisfactory level of freedom from micro-organisms if they are thoroughly cleansed in accordance with "instruments and articles that can be immersed in water" (section 7.7).

The routine use of disinfectants, including glutaraldehyde, is no longer recommended. All reusable ear and body piercing instruments must be thoroughly cleaned and sterilised according to the procedure in these guidelines.

7.9. **Bleach**

- Follow the manufacturer's recommendations for use and safety.
- All references to "bleach", throughout these guidelines, relate to household grade bleach products with a concentration of 40,000 parts per million available chlorine (ppm avCl) or 4% avCl.
- To dilute bleach for a 1:4 dilution, add 1 cup of bleach (250 ml) to 3 cups of water (750 ml).
- Only dilute bleach on the same day it is to be used as its effectiveness deteriorates rapidly.
- To prevent deterioration, store bleach in dark, cool areas. Use-by dates on bleach products must be strictly observed.
- Wear gloves when handling bleach, as it can cause skin irritation.
- Take care to avoid bleach coming into contact with most metals as they can be easily rusted or corroded.

8. **REGISTRATION AND LICENSING**

There are a number of things which a person must do before practising ear or body piercing. These include registration and licensing with the local council.

It is recommended that before applying for registration and licensing, operators:

- contact the appropriate industry association for advice
- after selecting potential premises, consult with the local council to discuss their suitability
- contact the Business Licence Information Service and Small Business Tasmania, both of which are services provided by Tasmania Development & Resources, for business advice and information.

8.1. **Registration of Premises**

A person practising ear and body piercing must register, with the local council, any premises in which that business is conducted.

To apply for registration:

- submit detailed plans of the interior layout of the premises with the local council. Seek advice from the local council's health department
- obtain local council approval of the plans. It is recommended that you do not commence work on your premises until approval of your plans has been received
- submit an application for registration with the council together with the appropriate fee
- obtain council registration of the premises prior to opening the business.

8.2. Licensing

A person who intends to practise as an operator must apply to the local council for a licence to carry on a public health risk activity.

All persons who engage in the activity of ear or body piercing must be licensed. The only exception to this requirement is an employee, trainee or assistant who is under the direct supervision of a licensed person. No ear or body piercing procedure may be performed unless a licensed person is present.

To apply for a licence:

- submit an application for a licence to carry on a public health risk activity to the council together with the appropriate fee
- the licence to commence a public health risk activity should be obtained before the operator commences business.

Applicants should note that:

- all applicants will be assessed as to their knowledge of the hygiene and infection control measures necessary to ensure competent, safe and hygienic services
- authorised officers from the local council will inspect the premises to be used for ear and body piercing to ensure that the premises and the systems and procedures used in those premises do not pose a threat to public health.

9. PREMISES

OUTCOME REQUIRED:

That premises to be used for ear or body piercing be kept in a clean and hygienic state.

9.1. General recommendations

The premises should be carefully planned to provide client treatment areas totally separate from areas set aside for cleaning and/or sterilising equipment.

The cleaning area should be arranged so that dirty instruments are received in one area. All dirty instruments should be moved through the cleaning area in a one way direction so that sterile instruments, clean instruments and dirty instruments remain separate from one another.

There should be sufficient bench space to accommodate equipment. There should also be good lighting and ventilation throughout the premises.

REQUIREMENTS:

- **In the areas where ear and body piercing is carried out and where instruments and equipment are cleaned, disinfected or sterilised, the floor, benches, shelving, fittings and furniture must be constructed of smooth, impervious materials and be kept clean and in good repair.**
- **A hand basin, with hot and cold running water supplied through a single outlet, plus liquid soap or detergent and disposable paper towels, must be installed in the immediate area where ear and body piercing is carried out.**
- **Hand basin taps must be "hands free" design, for example, elbow operated, foot operated, electronically controlled or knee operated.**
- **A sink, with cold and hot water, additional to the hand basin must be provided exclusively for washing equipment and instruments and should be located in the cleaning area.**
- **Clean covering material must be provided, and changed between clients, on surfaces in the work area where spillage or spattering of**

blood or body fluids is likely to occur, and for the protection of the client and the client's clothing.

9.2. Protective coverings

Soiled protective clothing used by the operator should be placed in a suitable receptacle, such as a clothes basket, and then cleaned as described in section 7.7.

All clean coverings and clothing should be stored in an appropriate clean area, such as a cupboard or drawer, to prevent soiling or contamination.

Only clean linen, garments, towels or paper strips should be used or placed on clients.
Note: these items should not be regarded as sterile.

9.3. Disposal of sharps, infectious waste and non-infectious waste

OUTCOME REQUIRED:

That the risk of infection as a result of needlestick injury or from infectious waste is minimised.

It is essential that infectious waste is properly segregated, packaged, labelled, handled and transported to minimise the risk of needle-stick injuries, and the transmission of infectious diseases, to waste handlers and the community.

The Department of Environment and Land Management (DELM) requirements for the management of infectious waste are detailed in "Guidelines for the disposal of medical wastes in Tasmania" issued by DELM.

Operators should contact their local council for advice and assistance or contact the Land Environment and Planning division of DELM. For waste removal contractors, refer to the Yellow Pages under "Waste Reduction & Disposal Services".

9.4. Sharps

To prevent accidents involving potential transmission of blood borne diseases, such as HIV, hepatitis B and hepatitis C, sharps, such as needles, must be handled with care during procedures which involve their use.

Do not attempt to force items into the sharps container as injury to the operator's hand may result. Place multiple-use sharp instruments into the container at the end of their life.

Place sharps containers in all areas where sharps are used. Take care where these containers are placed so that children cannot reach them under any circumstances.

Once the container reaches the full level, seal it and dispose of it in accordance with the relevant requirements of DELM and the local council.

REQUIREMENTS

Sharps

- **Dispose of used sharps into an Australian Standard (AS 4031) specified, disposable sharps container, immediately after use.**
- **The person who uses the disposable sharp instrument must be the person who places it into the sharps container.**

9.5. Disposal of infectious waste

All waste should be segregated into sharps, other infectious waste and non-infectious waste and placed in a clearly labelled and appropriate container. The infectious waste bin liner should be a leak-resistant, sturdy yellow bag or container with the biohazard symbol and the words "infectious waste" clearly marked in black.

Infectious waste should be disposed of in accordance with the relevant requirements of DELM and the local council.

REQUIREMENTS:

Infectious waste, such as blood-stained swabs and blood-contaminated gloves, produced on the premises must be placed into a bin clearly marked "infectious waste" and kept out of reach of children.

9.6. Non-infectious waste

All non-infectious waste, paper and so on, should be placed into a suitable refuse receptacle as soon as practicable after treating each client and removed from inside the premises at least daily.

9.7. Animals

REQUIREMENTS:

Animals are not permitted in premises used for ear and body piercing. This does not apply to guide or hearing dogs in the company of a vision or hearing impaired person.

10. STAFF HYGIENE

OUTCOME REQUIRED:

That each person engaged in the activity of ear or body piercing maintains adequate standards in hygiene practices and infection control.

10.1. Hand washing

Rings should not be worn during ear or body piercing, cleaning or hand washing.

Hand washing is the first step in any infection control program. The surface of hands and nails must be clean before any client contact. Abrasions, cuts or lesions must be covered by a waterproof dressing and gloves must be worn.

When to wash hands:

- before and after contact with each client
- immediately after contact with any blood or body substance
- immediately prior to wearing any new disposable gloves and attending a client
- immediately after removing disposable gloves for any reason
- after carrying out a procedure on a client
- after smoking
- after going to the toilet.

How to wash hands:

- use soap or detergent with warm running water
- for a minimum of 15 seconds, rub hands vigorously during washing

- wash hands all over, including backs of hands, wrists, between fingers, under fingernails and forearms up to the elbows
- rinse hands well
- thoroughly dry hands with a new single-use, disposable paper towel or dry them thoroughly under an air drier.

10.2. Smoking or consuming food or drink

Operators must not smoke or consume food or drink when carrying out procedures on a client.

Smoking is unhygienic as bacteria can be transferred from the mouth to fingers and then to clients.

REQUIREMENTS:

- **Operators must maintain personal hygiene at all times.**
- **Broken skin or infected exposed parts of the operator's body must be kept covered with a waterproof dressing that completely covers the affected area.**
-

11. PROTECTIVE WEAR FOR STAFF

OUTCOME REQUIRED:

That each person engaged in the activity of ear and body piercing is provided with protective wear and equipment.

11.1. Gloves

Operators must always wear disposable gloves whilst carrying out ear or body piercing procedures, and their hands must be thoroughly washed immediately prior to wearing gloves and immediately after removing them. It is important to remove gloves upon completion of each procedure.

Operators should wear heavy duty gloves whilst cleaning instruments prior to sterilisation. These gloves may be re-used but they should be replaced if torn, cracked, peeling or showing signs of deterioration.

11.2. Clothing

Operators should wear a clean washable garment, such as a uniform, intended exclusively for use when attending clients. Protective clothing protects the wearer's clothing or skin from contamination with blood.

11.3. Face and eye protection

Eye protection and masks are recommended when performing any procedure that may cause splash or spray of blood or body substance for example, when washing instruments. It is possible to be infected with a bloodborne virus by getting infected blood in the eyes.

11.4. Footwear

To prevent needlestick injury from dropped instruments, operators should wear covered footwear at all times.

REQUIREMENTS:

- **Operators must always wear disposable gloves whilst carrying out ear and body piercing procedures.**
- **Gloves must be:**
 - (a) **removed and disposed of before leaving a client for any reason;**
 - (b) **disposed of if they become torn, are pierced, show signs of deterioration, become contaminated with blood or are removed for any reason;**
 - (c) **changed between attending clients;**
 - (d) **never washed or re-used; and**
 - (e) **disposed of in an infectious waste bag, lining a clearly labelled infectious waste bin. The infectious waste bag must be a yellow labelled bio-hazard bag.**

12. RECORD KEEPING

It is important to keep accurate records of every client. These records should include name, address and the date the treatment was given. A record of work done would also be useful. All record entries should be signed and dated by the operator.

These records will be valuable if there is any question of an infection problem later and may often help to protect the operator (for example, if the incubation period is too long or too short for the infection to have been transmitted to the customer as a result of a treatment given by the operator).

13. **MOBILE EAR AND BODY PIERCING**

Due to the high risk of spread of infection where skin penetration procedures are carried out, such as ear or body piercing, mobile ear and body piercing businesses are not permitted.

Operators must not conduct the activity of ear or body piercing on any premises which are not registered. For example, providing a home visit service is prohibited.

APPENDIX A**Diagrams**

Diagram 1: Cleaning instruments required to be sterilised prior to the process of sterilisation (see section 7.5)

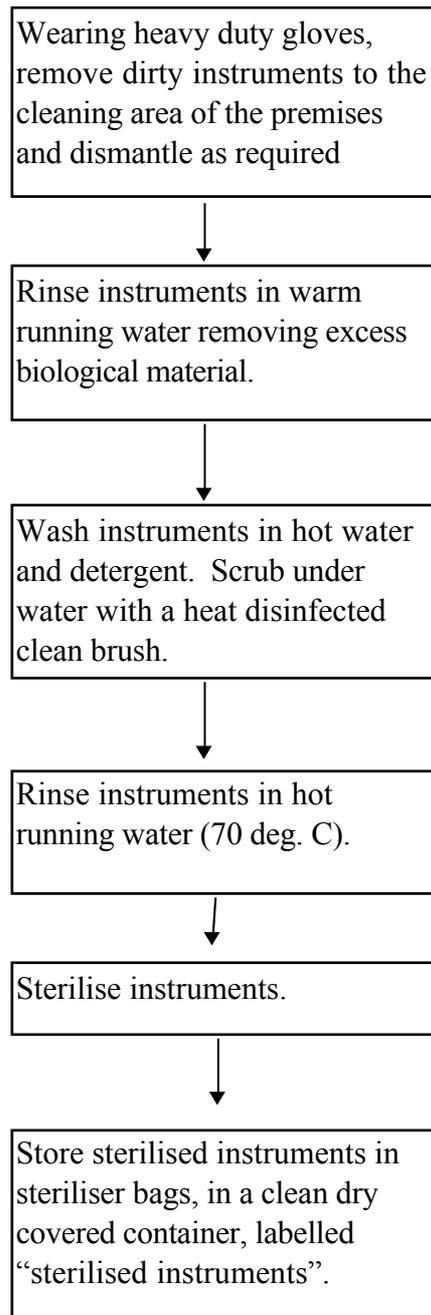
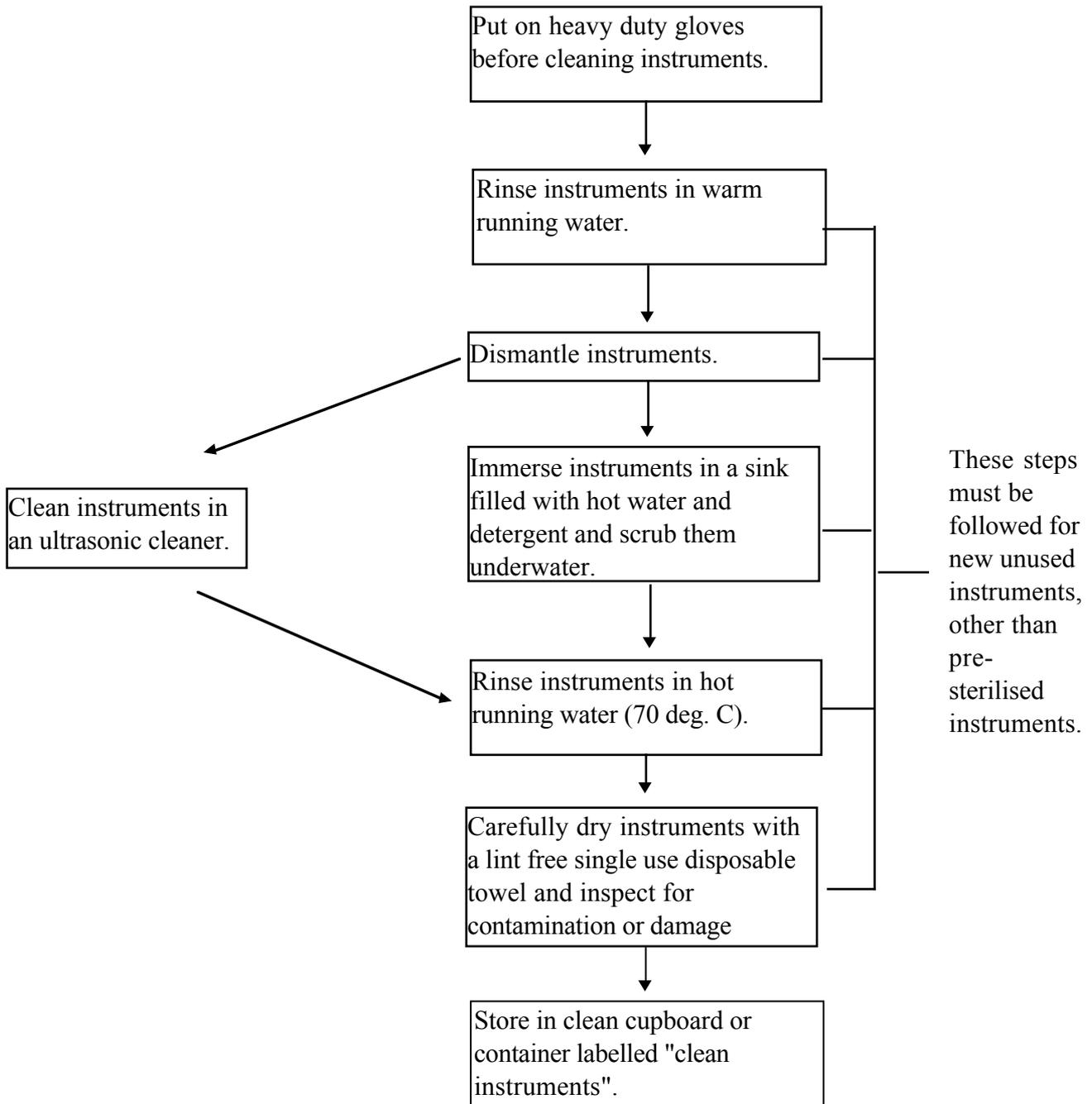


Diagram 2: Cleaning and handling instruments which do not penetrate skin and which can be immersed in water (Section 7.7).



APPENDIX B

How to sterilise instruments

1. Sterilisers

Autoclaving (steam under pressure) is the recommended method of sterilising instruments used in skin penetration procedures.

Ensure all people responsible for operating sterilisers are trained in their use. Specific instructions on the packing and the use of sterilisers should be displayed next to the machine. Sterilisers should be used in accordance with the manufacturer's instructions.

Before sterilising any item, make sure that it can be sterilised by the relevant method and that it has been cleaned according to the procedure outlined in these guidelines.

Sterile supply departments of many hospitals and other commercial services may contract to sterilise instruments on a fee-for-service basis. For many operators this may offer a reasonable alternative to purchasing and maintaining a steriliser.

If a commercial service is used, it is important that the operator provide an appropriate and safe system for storage and transport of:

- (a) soiled items; and
- (b) sterilised items.

If this option is chosen, it is important that records are maintained of the dates upon which instruments are sterilised and the name and address of the sterilising service.

2. Packaging of instruments prior to autoclaving

There are a number of self-sealing autoclave bag systems on the market which can be obtained from most surgical supply companies. The purpose of placing cleaned instruments into these bags for autoclaving is to protect the contents from becoming contaminated after sterilising and to enable instruments to be more easily stored in a sterile condition. Sufficient instruments for use on one client should be packed in each bag.

If the autoclave does not have a drying cycle, autoclave bags must not be used and instruments must be used immediately after sterilising. If they are not used immediately they must be resterilised before use.

Autoclave bags are porous when they are wet and therefore, the instruments inside are liable to be contaminated if the bags are removed from the autoclave while they are still wet. Never open the door to aid the drying process.

Only a small number of well-spaced (to allow adequate air circulation), sealed packets of instruments are to be placed in autoclaves which do not have a drying cycle.

A chemical colour indicator should be included on the autoclave bag to indicate those instruments that have been sterilised. Autoclave bags are to be used once only and then disposed of.

3. Loading, operating and unloading the steriliser

When loading the steriliser care needs to be taken to ensure that the air will be able to freely circulate around the articles to be sterilised and that all surfaces will be exposed to steam or hot air.

Ensure that one of the following is reached whenever an autoclave is used:

- autoclave at a minimum of 121°C for 15 minutes (at a corresponding pressure of 103 KPa [15psi])
- autoclave at a minimum of 126°C for 10 minutes (at a corresponding pressure of 138 KPa [20psi])
- autoclave at a minimum of 132°C for 4 minutes (at a corresponding pressure of 186 KPa [27psi])
- autoclave at a minimum of 134°C for 3 minutes (at a corresponding pressure of 206 KPa [30psi])

Temperature Pressure And Holding Time

TEMPERATURE	PRESSURE		HOLDING TIME
°C	KPA	PSI	MINUTES
121	103	15	15
126	138	20	10
132	186	27	04
134	206	30	03

The times given here are only "holding times" and do not include the time taken for the autoclave to reach the required temperature.

When using a dry heat steriliser:

- sterilise at 160°C for a minimum of one hour plus penetration time. This is a sterilising time which commences when the equipment to be sterilised reaches the required temperature
- follow the manufacturer's recommendations at all times.

When unloading sterile instruments from the steriliser, care needs to be taken to avoid contaminating them. Items that have been dropped, torn, have broken seals or are wet are no longer sterile. Chemical indicators on sterilising packages should be checked to ensure that the steriliser reached the required temperature.

Sterile instruments that are not wrapped, must be removed from the steriliser using sterile forceps and placed into a sterile container or work area, or stored in a way which maintains their sterility.

Used, dirty instruments must never be stored near clean areas where sterilised instruments are unloaded from the steriliser.

4. Monitoring the sterilisation process

There is clearly no point in using a steriliser, if it is not sterilising properly. Using instruments that are believed to be sterile may place clients at a considerable risk of infection. Therefore it is very important to monitor the sterilisation process on a regular basis to ensure that the steriliser is working correctly.

Sterilisers must be fitted with gauges to measure time, temperature and pressure as appropriate. During each use, these gauges must be viewed to ensure that the readings are correct and these readings should also be recorded.

Chemical indicator strips (such as those on autoclave bags) are available to use in autoclaves to test for procedural errors and equipment malfunction. These strips, however, only test physical characteristics of the autoclave such as temperature and pressure.

Biological indicators need to be used to ensure that the sterilising process is destroying all forms of microbial life. Biological indicators must be used during installation, testing and after repairs and must be used according to the manufacturer's instructions. Biological indicator results should be recorded.

Sterilisers must be serviced at six monthly intervals to make sure that they are working correctly. Service records should be kept for information purposes.

5. **Storage of sterilised instruments**

If there is a need to store sterile instruments, they must be stored in a condition so as to maintain their sterility.

Sterile, packaged instruments must remain in the original sealed, sterilising bag and be kept in a clean, dry, covered container until ready for use.

Unpackaged, sterile instruments must be handled with sterile forceps and be stored in a sterile container until ready for use.

APPENDIX C

Extract from the Guidelines for Needlestick and Blood Accidents issued by the then Australian National Council on Aids (issued March 1995)

Management of exposure to blood/body fluids contaminated with blood including needlestick/sharps injuries, with a potential for Human Immunodeficiency Virus (HIV), hepatitis B (HBV), hepatitis C (HCV) or other blood borne infections

PART A - INFORMATION FOR THE AFFECTED PERSON

At once:

- if skin is penetrated, wash the area well with soap and water (alcohol based hand rinses or foams [60-90% alcohol by weight] should be used when water is not available);
- if blood gets on the skin, irrespective of whether there are cuts or abrasions, wash well with soap and water;
- if the eyes are contaminated, rinse the area gently but thoroughly with water or normal saline, while the eyes are open; and
- if blood gets in the mouth, spit it out and then rinse the mouth with water several times.

Then report IMMEDIATELY to your supervisor or occupational health officer. Complete an accident report form and include:

- date and time of exposure
- how the incident occurred; and
- name of the source individual (if known).

If a needle/syringe was involved, place it in a rigid-walled container. Take it with you to your doctor. Do not attempt to cover the needle because you run the risk of further injury.

In the event of an exposure to a source individual who has been previously tested and confirmed as HIV, HBV or HCV positive, the affected person should immediately be evaluated by a physician with experience in the management of those infections.

PART B - INFORMATION TO SUPERVISORS, MANAGERS AND OCCUPATIONAL HEALTH AND SAFETY OFFICERS

If an employee has suffered a possible or definite exposure it is important that you make sure that immediate steps are taken to reduce the risk to the employee of contracting a serious illness. An exposure may include one of the following:

- a superficial injury with a needle contaminated with blood or other body substance
- a wound that is not associated with visible bleeding produced by an instrument contaminated with blood or other body substance
- a skin lesion contaminated with blood or other body substance
- a mucous membrane or conjunctival contact with blood
- skin penetrating injury with a needle contaminated with blood or other body substance
- an injection of blood or other body substance
- a laceration or similar wound which causes bleeding
- any direct inoculation.

Ensure that the exposed area has been washed thoroughly.

Arrange for blood to be taken from the employee for pathology testing.

Find out whether a known source individual is involved in the incident and if so, contact a medical officer to organise for blood to be taken from the source individual to be tested for HIV antibody, HBV surface antigen and HCV antibody. Blood samples should be collected as soon as possible after the incident and processed urgently. Remember informed consent is required.

When the source individual is known to be positive to either HIV antibody, HBV surface antigen and HCV antibody, be sure that a doctor with experience in management of these infections has been contacted.

Ask the employee to complete an Incident Report Form.

Check to see that it is correctly filled out.

Make sure that the form includes the date and time of the incident, how the incident happened and whether the affected person has been stabbed by a syringe or other sharp or has been splashed.

Reassure the employee that only a small proportion of accidental exposure to blood results in infection.

The risk of infection with HIV following one needlestick exposure to blood from a client known to be infected with HIV has been reported as 0.3% (Annals Int. Medicine 1990; 113;740-746). The risk may vary according to the stage of infection of the source individual. Low risk is asymptomatic and high risk with symptomatic HIV infections (AIDS). This rate is considerably lower than for HBV.

(For further information contact ANCARD - see Appendix D.)

APPENDIX D**Contact details**

Public and Environmental Health Service, 1st Floor, 34 Davey St., GPO Box 125B,
Hobart TAS 7000

Ph 03 6233 3762

Fax 03 6223 1163

Standards Australia

Standards referred to in these guidelines can be obtained from Government Info Shop, 31
Criterion Street, Hobart TAS 7000

Ph 03 6234 1403

Local Government Association of Tasmania, 34 Patrick St, Hobart TAS 7000

Ph 03 6231 0666

Regional Environmental Health Officer (North), Department of Community & Health
Services, Henty House, Launceston. TAS 7250

Ph 03 6336 2229

Regional Environmental Health Officer (North West), Department of Community &
Health Services, Jones St, Burnie. TAS 7320

Ph 03 6434 6477

Department of Environment and Land Management, GPO Box 44A, Hobart TAS 7001

Ph 03 6233 8011

Tasmania Development and Resources (Business Licensing Information Service),
22 Elizabeth St, Hobart TAS 7000

Ph 03 6233 5858

Australian National Council on AIDS and Related Diseases (ANCARD), C/ Department
of Health and Family Services, MDP 13, GPO Box 9848, Canberra ACT 2601

Ph 02 6289 7767

Workplace Standards Authority, PO Box 56, Rosny Park Tas 7018

Ph 1300 366 322